Annex 7
CHARP data

Beneficiary estimates

1. According to the IFRC sources, over 4.2 million people in total benefited from CHARP during 1990–2011. The data (summarized in Table A4) have been shared with its partners, the UN and other international organizations, and were used in its various communications about the programme since 2012.

Table A4. CHARP beneficiary estimates, 1990–2011

Services provided	Period	Beneficiary estimates
Measurements of *background radiation* and surface contamination of objects	1990–1993	561,000
Measurements of locally produced *food* for radiation contamination	1990–1993	139,000
Examination of people for internal irradiation (full body scans), health checks, and blood and urine analysis	1992–1997	401,000
Distribution of *information materials* (brochures) on protection from radiation	1994–2011	210,000
Distribution of *milk powder* to children living in contaminated areas	1994–1999	378,000
Distribution of *multivitamins* to children living in contaminated areas	1994–2011	721,000
Direct PSS	1997–2011	190,000
Thyroid gland screening	1997–2011	1,605,000
Providing *L-thyroxin and other drugs*, mainly to patients with thyroid gland pathologies	1998–1999	31,000
Total		**4,236,000**

Source: CHARP Information Leaflet, 2012

2. A closer examination of the above data, however, raises some questions, the most obvious one being the *estimated total number of CHARP beneficiaries*. The aggregate data presented in the summary table represent a sum of the beneficiary numbers for each activity. However, it is obvious that *most beneficiaries benefited simultaneously from more than one activity*. Milk powder and multivitamins were often simultaneously distributed at the same child institution; beneficiaries of thyroid gland screening often simultaneously received some form of direct PSS and information materials; background radiation and food contamination measurements were performed at the same household, etc. In addition, some of the data presented in the table are based on *assumptions*: e.g., the number of beneficiaries for distribution of information materials is assumed to be the same as the number of brochures printed and distributed.

3. Various IFRC CHARP appeals and reports in 1999–2005 estimated the total number of beneficiaries at over 2,000,000 (1990–1998), 2,500,000 (1990–2002) and 2,850,000 (1990–2005). Extrapolating these estimates for 2006–2011, and assuming the same average numbers of people assisted per year, would indeed provide an approximate total number of around 4,000,000 beneficiaries for 1990–2011. However, in the absence of reliable information about *how* the above-mentioned estimates were calculated, and taking into account that possible duplication was apparently not sufficiently taken into account, it appears that the *total estimated number of CHARP beneficiaries would be less than that given by the IFRC*.

The validity of CHARP statistical data

4. Assessing the validity of the data provided for each activity is equally problematic, mainly due to (1) the lack of available source documents and (2) the lack of consistency in presenting the data in the available ones. For the five-year period of 1990–1995, for instance, the review team managed to locate and review only two (out of five) *annual* appeals (1990, 1992) and six *monthly* reports (October 1990, September 1991, May 1993, January and July 1994, and August 1995). Until 2000–2001, no unified formats for presenting CHARP data were used by the IFRC in its appeals and reports. Situation reports and appeals generally followed the structure from the previous document, with widely varying degree of detail in presenting programme data.

Environmental radiation monitoring

5. It is extremely difficult to accurately assess the number of those in affected areas who directly benefited from *environmental and food contamination measurements* in 1990–1993. The official CHARP data list 561,000 beneficiaries of measurements of background radiation and 139,000 beneficiaries of food radiation measurements. Taking into account the fact that in 1991–1993 the measurements of background radiation and of food contamination were carried out simultaneously and that food monitoring continued for another three years, these numbers can only be considered approximate.

6. No reliable and consistent data exist on the number of settlements and/or households where measurements were performed: most environmental monitoring results were reported in the number of "*measurements*"; whenever the number of settlements is mentioned, no size of the settlement is specified. The way the information was presented was inconsistent: the same situation report (September 1991), for instance, simultaneously contained information about 255 food contamination measurements in 41 settlements in July–September 1991, 444,455 dosimeter measurements in 2,247 settlements during November 1990–September 1991 and 10,000 measurements in 231 settlements in May–June 1991.

Medical screening

7. The most consistent and reliable data in CHARP come from *medical screening* by MDLs, mostly starting from 2000. The data extracted from the IFRC programme reports for 1992–2011 (with the reports for four of these years missing) show, for instance, a total of 1,189,736 people screened during this period, mostly for thyroid gland pathologies. The data from the appeals, monthly and annual reports are relatively consistent, showing the total number of individuals screened (with breakdown for adults and children), the number of various pathologies identified and the number of confirmed cases of thyroid gland cancer. A much better level of documenting this particular component is most probably due to the fact that professional medical staff, who used reporting standards commonly applied in the public health system, maintained the screening records.

8. Though CHARP was never intended to be a "scientific" or "research" programme, over the years a substantial amount of screening data was collected by MDLs. In April 2003, at the request of the IFRC delegation, Dr Alexander Komov, former CHARP health coordinator, analysed the screening data with a view to determining their value for research and possible use in promoting the MDL programme component.

9. Dr Komov's findings, however, were not encouraging. The data collection forms were designed by the MOH and basically equal to standard public health statistical data collected on regular patient admissions (name, age, sex, height, weight, previous health examinations, known diseases and pathologies, medical follow-up), and had therefore limited value for scientific research. Though some of the data were effectively used by some of the National Red Cross and Red Crescent Societies staff and health professionals working on the programme for their own research and scientific work, according to the feedback from WHO and other international organizations, none of this data came out in any significant scientific publications.

Distribution of multivitamins, milk powder and medicines

10. The data for distribution of *multivitamins* start regularly appearing in CHARP reports only from 2004, and are mostly reported as number of "tablets" distributed; it could be roughly estimated that during CHARP implementation around 200–250 million *multivitamin* tablets and 13–15 million tablets of *medicines* (mostly L-thyroxin) were distributed in total. The number of children who actually received the vitamins is mentioned inconsistently and does not allow reliable identification of the total number of beneficiaries. None (!) of the programme reports examined by the review team mentioned the quantities of *milk powder* distributed, so according to the available data it cannot be estimated with any degree of accuracy.

Distribution of information materials

11. The quantifiable data on the information activities are almost completely absent from nearly all CHARP documents: wherever such data exist they are certainly insufficient to present a coherent overall picture. As a result it is impossible to accurately assess the number of people who benefited from this programme component.

Psychosocial support

12. As with the data for other programme components, most of the PSS data are incomplete, inconsistent and often confusing. There is substantial discrepancy in the estimates of the number of *beneficiaries* between different sources: while

the official IFRC data show 190,000 beneficiaries, the total compiled from the available situation reports exceeds 250,000 (with data missing for 1997–1999, 2001–2003, 2005, 2007). From the reports it appears that even these data are estimates at best: PSS beneficiaries mostly seem to be beneficiaries of other programme components (e.g., medical screening), those who attended workshops and lectures, and those who received brochures or listened to radio programmes.

13. Likewise, there are no consolidated reliable data about the total number of *training* and other activities within the PSS component. Only one (!) annual report (2000) specifically mentions the number of training sessions (279 for 4,849 National Red Cross and Red Crescent Societies staff and volunteers), lectures (244 for 8,585 people), articles (110) and interviews (106). The number of *information materials* on PSS distributed (a total of 47,000 copies) is only available for 2002, 2005 and 2009. It is therefore impossible to realistically estimate the number of people reached with these activities.

14. Though PSS-related activities were continuously referred to in programme reports and updates after 2000–2001, it appears that the actual activities were *sporadic* and mostly limited to refresher training for National Red Cross and Red Crescent Societies staff, MDL staff and volunteers. It is impossible to determine from the programme documents to what extent a direct PSS service was still provided. Interestingly, most interviewees had the impression that *PSS as a separate programme component never continued beyond 2001–2002*.

Financial data

15. In collecting and analysing the financial data for CHARP the review team experienced the same issues as with other programme data. In addition, since the IFRC has changed and/or upgraded its accounting software a few times since 1990, due to changes in project codes the relevant data could not be located automatically and all data for 1996–2015 had to be compiled manually. Since the IFRC was still developing its automated accounting system when CHARP started, most financial records for 1990–1995 only existed as hard copies, many of which were destroyed. Therefore, the financial data for that period could only be estimated.

Gaps in IFRC data, records and knowledge management

16. The review process also demonstrated some gaps in IFRC data, records and knowledge management:

- A number of key CHARP documents, including the initial League assessment report, were lost or destroyed (as per the IFRC rules) at the IFRC secretariat and its delegations in Kiev and Minsk, and could only be located in private document collections of the IFRC and National Societies' staff who took the personal initiative to keep them.
- Despite the commendable efforts of a number of IFRC staff in Geneva and Budapest, due to a number of financial software changes since 1995, sufficiently consistent financial data on CHARP (basic income and expenditure) could be compiled only manually (by locating and reviewing the existing annual and monthly programme reports), and only starting from 1994.
- The annual IFRC CHARP reports could only be accessed on the IFRC website via the links provided by the digital archives of the Japanese Red Cross Nuclear Disaster Resource Centre.
- Neither the IFRC nor the ICRC public websites contained any direct links to decisions, resolutions or documents of the International Conferences, Council of Delegates, IFRC General Assemblies and IFRC Board of Governors. The required documents had to be located via a Google search or through individuals at the IFRC secretariat.